

Exception to Policy (ETP) Checklist

- All ETPs are approved on a case by case basis. Every situation is unique and Squadron Officer School (SOS) carefully reviews each package.
- If you are unable to attend SOS at a later date after your medical profile expires, this should be made **explicitly** clear in your ETP with **supporting evidence**.
- All ETPs **MUST** be signed by your **Wing Commander (WG/CC) or equivalent** and forwarded from their org/exec (CCE) account, etc. You **MAY NOT** send your own ETP.
- All ETPs **MUST** be mailed to the SOS Student services at **SOC.DPS@US.AF.MIL** **NO LATER THAN 5 duty days PRIOR** to class start (usually Monday the week prior to class).
 - Please allow 1-2 duty days for ETP processing.
- You **MUST** use the e-mail staff summary sheet (SSS) template in this document to ensure SOS has all the necessary information to make an informed decision (DOR, Promotion Board date, etc).
- Your Air Force Fitness Management (AFFMS) printout **MUST** include **your entire PT test history**-from 2Lt to your most current test.
- ALWAYS check the status of your ETP. Do NOT assume that you are cleared to proceed to SOS without confirming your ETP is approved.



Your Organizational Letterhead here

MEMORANDUM FOR SOC/CC

FROM: XYZ FW/CC

SUBJECT: Medical Profile ETP for Capt **FIRST LAST**

1. **Insert a brief explanation of the reason you are requesting an exception to policy. If you are unable to attend SOS at a later date after your medical profile expires, this should be made explicitly clear and should include supporting evidence.**

Example:

1. **Capt Doe is currently on a medical profile and due to a substantial recovery period, this is Capt Doe's last look for SOS before becoming ineligible to attend. I request an exception to policy for Capt Doe to attend SOS Class 13X.**

2. **If there are any questions or comments please contact Lt Col Jake Doe, 82 FS/CC (must be members SQ/CC or equivalent), DSN: XXX-XXXX.**

A handwritten signature in black ink, appearing to read "Jane Doe", is positioned above the printed name.

Jane Doe, Brigadier General
Commander

2 Attachments:

1. Capt Doe's AF FORM 469
2. Capt Doe's Fitness Assessment

AF FORM 469 (available from Medical Provider)

This form is governed by the Privacy Act of 1974. (Blanket PAS 1974, Routine Uses) Disclosure of requested information is mandatory. AFI 33-332

DUTY LIMITING CONDITION REPORT		
Name (Last, First MI)	RANK	DATE
	CPT	10/09/2013
SSAN	MAJCOM / INSTALLATION	
Squadron / Unit Of Assignment		
Squadron E-Mail Address	Duty Telephone:	
	<input type="checkbox"/> DSN <input checked="" type="checkbox"/> Commercial	
HEALTH CARE PROVIDER'S MEDICAL RECOMMENDATION FOR THE SQUADRON COMMANDER		
<input type="checkbox"/> DUTY RESTRICTIONS	<input type="checkbox"/> MOBILITY RESTRICTIONS	<input type="checkbox"/> 49 / 81
PHYSICAL LIMITATIONS / RESTRICTIONS (DO NOT include medical condition or diagnosis)		
<p>FITNESS RESTRICTION: No Sit-Ups</p> <p>FITNESS ASSESSMENT EXEMPTION: These restrictions were initiated: 10/09/2013 and will expire: 04/09/2014. Therefore, if the member is required to fitness test before the DLC release date, plus 42 days reconditioning period, they will not be able to perform the following fitness test component(s):</p> <p> <input type="checkbox"/> 1.5 mile run <input type="checkbox"/> 1 mile walk <input type="checkbox"/> Push-Ups <input checked="" type="checkbox"/> Crunches <input type="checkbox"/> AC Measurement </p> <p>Here is the web site to access your completed 469: https://imr.afms.mil/imr/MyIMR.aspx</p> <p>An exercise prescription may be needed if the fitness restrictions total more than 180 days based on the conditions outlined IAW AFI 10-203, Duty Limiting Conditions, chapter 3.2.1.2.2. The HAWC is automatically notified to review the restrictions to potentially generate an AF Form 422a upon completion of the AF Form 469 if needed. UFPMs and member should allow at least a 7-10 day processing period of profile paperwork, however the member will just need the AF Form 469 for testing purposes. Please contact the HAWC @ [REDACTED] for further questions.</p> <p>IAW AFI 10-203, member is required to report any change in medical condition to the Primary Care Manager</p>		
Release Dates: 31 37 81 MR DR FR 04/09/2014		
Name and Grade of Health Care Provider	Signature	Today's Date
	This form has been reviewed by the signatories indicated and verified by PIMR	10/09/2013
<input type="checkbox"/> 31 (ILLNESS OR INJURY WILL BE RESOLVED WITHIN 31-365 DAYS)	<input type="checkbox"/> 37 (MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING IAW AFI 41-210)	
Force Health Manager	Signature	Today's Date
	This form has been reviewed by the signatories indicated and verified by PIMR	10/10/2013
Profile Officer Review	Signature	Today's Date
	This form has been reviewed by the signatories indicated and verified by PIMR	10/11/2013

DUTY LIMITING CONDITION REPORT

AF FORM 469

Continuation

AF Fitness Assessment Management System (AFFMS) Printout

Report of Individual Fitness for: CPT [REDACTED]

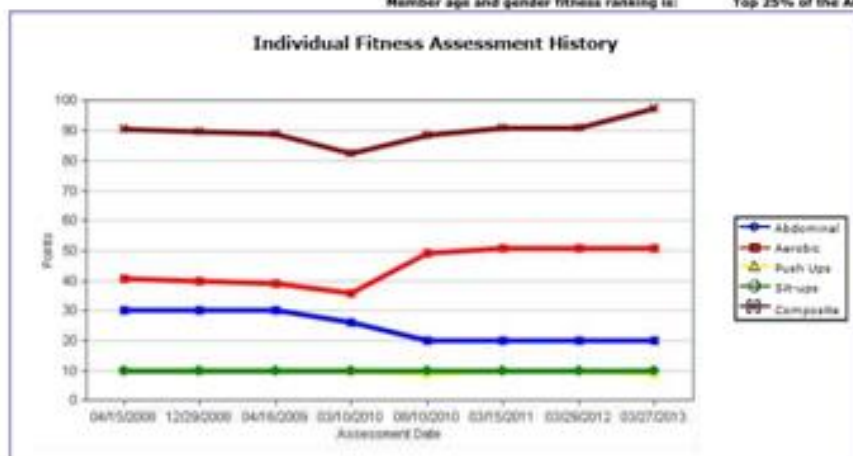
[Click here to print](#)

SSAN: XXX-XX [REDACTED]

Pascode: [REDACTED] Prepared on: 06/05/2013 at 23:24 GMT

Age	Gender	Height	Weight	BMI
		Score	Points	Max Points
Cardio		Exempt	Exempt	60.00
Abdominal Circumference		32.00"	20.00	20.00
Push Ups		57	9.00	10.00
Sit-ups		60	10.00	10.00
Test entered/changed by: CHOS			Total Points	97.50
				100.00
Exemption Type:		Next test due date: 09/30/2013	Fitness Level	Excellent
Remarks:				

Member Air Force fitness ranking is: Top 25% of the AF
Member age and gender fitness ranking is: Top 25% of the AF



Individual Test History

Test Date	Cardio Results	Abdominal Circumference (in)	Push Ups	Sit-ups	Composite Score	Fitness Level	Test Entered By
03/27/2013	Exempt	32.00" / 20.00	57 / 9.00	60 / 10.00	97.50	Excellent	[REDACTED]
03/29/2012	12:07 / 90.90	32.00" / 20.00	67 / 10.00	59 / 10.00	90.90	Excellent	[REDACTED]
03/15/2011	12:09 / 90.90	31.50" / 20.00	67 / 10.00	58 / 10.00	90.90	Excellent	[REDACTED]
08/10/2010	12:39 / 49.20	31.50" / 20.00	58 / 9.16	60 / 10.00	88.38	Satisfactory	[REDACTED]
03/10/2010	13:17 / 36.00	33.50" / 26.25	57 / 10.00	53 / 10.00	82.25	Good	[REDACTED]
04/16/2009	11:35 / 39.00	31.00" / 30.00	62 / 10.00	55 / 10.00	89.00	Good	[REDACTED]
12/23/2008	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt	[REDACTED]
04/15/2008	11:22 / 40.50	31.00" / 30.00	62 / 10.00	55 / 10.00	90.50	Excellent	[REDACTED]

E-Mail Staff Summary Sheet (SSS) to SOS

Student Services at SOC.DPS@us.af.mil

(Copy and Paste info below into an e-mail)

-----ROUTING:

Wg/CC
SOC/ODT
SOC/OD
SOC/CV
SOC/CC

-----STAFF SUMMARY

AO: RANK First MI last, SQ/Office, DSN XXX-XXXX (THIS SHOULD BE YOUR **SQUADRON COMMANDER OR EQUIVALENT**). THEY WILL BE REQUIRED TO ANSWER ANY QUESTIONS SOS LEADERSHIP MAY HAVE REGARDING THE INDIVIDUAL'S ETP.

SUSPENSE: DD-MMM-YYYY

1. PURPOSE. To approve an Exception to Policy to allow Capt **FIRST LAST** to attend SOS Class **13X** on profile.

2. BACKGROUND.

THIS SECTION SHOULD OUTLINE THE INFORMATION ABOVE AS WELL AS ANY AMPLIFYING INFORMATION THAT WOULD AID THE SOC/CC IN FORMULATING A DECISION.

3. Capt **XXXX** has an AF Form 469 with an expiration date of **XXXX**. Capt **XXXX**'s AF FORM 469 limits (list exemption and/or restrictions: running more than 1 mile, pushups, sit-ups, etc.) Capt **XXXX** commissioned in **XXXX**, has a DOR to Captain in **20XX**, and will meet the O4 promotion board in **20XX**.

WING COMMANDER (OR EQUIVALENT) SIGNATURE BLOCK

Tab(s)

1. Capt **XXXX**'s AF FORM 469
2. Capt **XXXX**'s Fitness Assessment

Privacy Act of 1974 as amended Applies---This email may contain information which must be protected IAW DoD 5400-11R, AFI 33-332, and AFI 33-119 and is FOR OFFICIAL USE ONLY (FOUO)